

**FORM RDA 500:  
APPLICATION FOR RDA EXAMINATION AND LICENSURE (Rev. 8/00)**

**NOTICE** – Read the instructions carefully, then check one of the following:

**First-Time Applicants**

• Fee \$125 – application, practical and written exam

**Previously-Qualified Applicants Only**

- Fee \$105 - Re-exam – practical and written
- Fee \$ 55 - Re-exam – practical only
- Fee \$ 50 - Re-exam – written only

**OFFICE USE ONLY**

REC. # \_\_\_\_\_

\$ \_\_\_\_\_

FILE # \_\_\_\_\_

CYC: \_\_\_\_\_

SCH: \_\_\_\_\_ YR: \_\_\_\_\_

OJT: \_\_\_\_\_

**Type or Print the following neatly - Answer ALL Questions**

1. SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

2. LAST NAME \_\_\_\_\_

3. FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

4. ADDRESS \_\_\_\_\_ Apt. or Unit#: \_\_\_\_\_

5. CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

6. TELEPHONE NUMBERS: Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**7. RE-APPLICATION.** If it has been more than 2 years since you last took one of the examinations, you must re-apply as a new applicant and complete ALL portions of this 4-page Application except this Section 7 – you may not “re-apply”. If it has been less than 2 years since you last took the practical or written examination, and you are re-applying for either exam, complete this Section 7, Sections 1-6 above, and Sections 11 – 14 on pages 3 and 4.

I last took the written on : \_\_\_\_\_ or practical on: \_\_\_\_\_  
Month/Year Month/Year

Name at time of previous application \_\_\_\_\_  
(if not same as above) Last Name First Name Middle Name

**8. QUALIFICATION.** Check the box that indicates the method by which you are qualifying for examination:

☐ Education ☐ Work Experience ☐ Held California RDA License in past – License Number: \_\_\_\_\_

**CONTINUE TO NEXT PAGE - INCOMPLETE APPLICATIONS WILL BE REJECTED**

**9. IF QUALIFYING BY EDUCATION, A COPY OF YOUR DIPLOMA OR CERTIFICATE MUST BE FILED WITH THIS APPLICATION, OR THE FOLLOWING MUST BE COMPLETED BY THE SCHOOL (NOT THE CANDIDATE).**

I HEREBY DECLARE under penalty of perjury under the laws of the State of California that

\_\_\_\_\_ graduated with a Degree, Diploma, or Certificate from  
(name of applicant)  
this Board-approved Dental Assisting program on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

(If the expected date of graduation is after the date on which this Application is filed, I understand that I must certify this student's graduation to the Committee on Dental Auxiliaries no later than 15 days prior to examination.)

Stamped seal must }  
appear here if copy }  
of certificate/diploma }  
is not submitted }

\_\_\_\_\_  
(SIGNATURE OF DEAN OR AUTHORIZED OFFICIAL) Date of Signature

SCHOOL NAME: \_\_\_\_\_

SCHOOL LOCATION: \_\_\_\_\_

**10. IF QUALIFYING BY WORK EXPERIENCE, THE FOLLOWING MUST BE COMPLETED AND SIGNED BY A DENTIST LICENSED IN THE UNITED STATES BY WHOM YOU WERE EMPLOYED.** If you worked for more than one employer to achieve the required 18 months of experience, each employer must complete a separate form. This page may be photocopied, but **the dentist's signature must be an original.**

NAME OF CERTIFYING LICENSED DENTIST: \_\_\_\_\_  
Print or Type Name

Business Address/City/State/Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

**DECLARATION OF CERTIFYING DENTIST**

I declare that applicant \_\_\_\_\_ was employed by me as a dental assistant  
(type or print name of applicant)

for \_\_\_\_\_ HOURS PER WEEK from \_\_\_\_\_ to \_\_\_\_\_  
month/day/year month/day/year

I certify that the experience obtained by the applicant while in my employ was comprised of performing duties specified in California Dental Board Regulation Section 1085 (b) and/or (c) during a majority of the experience hours, and that the applicant, in my opinion, is competent to perform allowable California RDA functions upon successful completion of the licensure examinations and other licensure requirements.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

\_\_\_\_\_  
Signature of Certifying Licensed Dentist Date of Signature State in Which Dentist is Licensed Dentist License Number

A dentist who signs this application when located outside of California must swear to the truth of the statements contained herein before a notary public or other person authorized by law to administer oaths.

**NOTARY AREA:**

**CONTINUE TO NEXT PAGE - INCOMPLETE APPLICATIONS WILL BE REJECTED**

**YOU MUST ANSWER ALL OF THE FOLLOWING QUESTIONS, AND PROVIDE ANY DETAILS REQUESTED, OR YOUR APPLICATION WILL BE REJECTED AND RETURNED.**

11. Are you currently, or have you in the last two years, engaged in the illegal use of controlled dangerous substances? ☐ YES ☐ NO  
(If the answer is "Yes", you MUST provide complete details on the next page.)

12. Have you ever been convicted of, pled guilty, or pled nolo contendere to any offense, misdemeanor or felony in any state, the United States, or a foreign country (except violation of traffic laws not related to drugs or alcohol)? Applicants must report any convictions or pleas of nolo contendere even if a subsequent order was issued which expunged or dismissed the criminal record under the provisions of section 1203.4 of the Penal Code. Applications may be denied for knowingly falsifying an application pursuant to section 480(c) of the Business and Professions Code. ☐ YES ☐ NO

**(If the answer is "Yes", on the next page you MUST provide the section of law violated, the nature of the violation, the location and date of the violation, and the penalty or disposition.)**

13. Have you ever applied for or been licensed to practice dental assisting, dental hygiene, dentistry, or any other health profession in any state or foreign country? ☐ YES ☐ NO

**(If the answer is "Yes", you MUST complete all of the following.)**

a. Type of Practice: \_\_\_\_\_ License Number: \_\_\_\_\_ State/Country: \_\_\_\_\_

- b. Was your application ever denied? ☐ YES ☐ NO  
(If "Yes", you MUST give complete details on next page.)

- c. Was your license ever revoked or otherwise disciplined? ☐ YES ☐ NO  
(If "Yes", you MUST give complete details on next page.)

- d. Is the license presently valid? ☐ YES ☐ NO  
(If "No", you MUST give complete details on next page.)

#### **14. EXECUTION OF APPLICATION -- ALL APPLICANTS MUST READ, SIGN AND DATE**

I am the applicant for examination for licensure referred to above. I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely. I hereby authorize educational and other institutions, my employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Committee on Dental Auxiliaries, Board of Dental Examiners of California, any information or records requested in connection with the processing of this application.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signed in \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.  
( city and state ) day month year

**SIGNATURE OF APPLICANT**

An applicant who signs this application when located outside of California must swear to the truth of the statements contained herein before a notary public or other person authorized by law to administer oaths.

**NOTARY AREA:**

## 15. Details

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### *INFORMATION COLLECTION AND ACCESS*

The information provided on this application is maintained by the Executive Officer of the Committee on Dental Auxiliaries, 1428 Howe Avenue, Suite 58, Sacramento, CA 95825, under the authority granted by the Business and Professions Code, Division 2, Chapter 13, Article 1, Section 4980 and following. It is mandatory that you provide all information requested. Omission of any item of information will result in the application being rejected as incomplete.

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(c) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you.

Your application becomes the property of the Committee on Dental Auxiliaries and will be used by authorized personnel to determine your eligibility for Registered Dental Assistant licensure. Information on your application may be transferred to other governmental or law enforcement agencies. You have the right to review the records maintained on you by the Committee unless the records are identified as confidential information pursuant to the Public Records Act or are exempted by Section 1798.40 of the Civil Code. You may gain access to the information by contacting the Committee at the above address.

## INSTRUCTIONS: REGISTERED DENTAL ASSISTANT EXAMINATIONS (Rev. 8/00)

Applicants for Registered Dental Assistant licensure in California must pass both a practical and a written examination, and undergo a criminal history investigation, prior to receiving a license. Temporary permits cannot be issued, and licensure in another state or country is not recognized in California.

### GENERAL QUALIFICATION REQUIREMENTS

To apply for examination and licensure, you must:

1. **Be a graduate of a Board-approved dental assisting program; OR**
2. **Have 18 months satisfactory work experience** as a dental assistant for a dentist licensed in the U.S. by the date of application.

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### FIRST-TIME APPLICANTS

First-time applicants must send completed Form RDA 500: Application for RDA Examination and Licensure to the address on the top of the Application, which **MUST** be accompanied by the a **fee of \$125** (which includes a \$20 application fee, \$55 practical exam fee, and \$50 written exam fee).

### OUT-OF-STATE APPLICANTS

In addition to the requirements for First-Time Applications above, applicants located outside of California must also submit, with their Application and fee, two completed fingerprint cards supplied by COMDA, and an additional fee of \$56 (a total fee of \$181).

### PREVIOUSLY-QUALIFIED APPLICANTS

If you took the written or practical exam within the last 2 years, you must submit completed Form RDA 500: Application for RDA Examination and Licensure to COMDA, checking one of the following boxes at the top of the Application, depending on which exam you wish to take. The Application **MUST** be accompanied by fees as follows:

- Fee \$105 - Re-exam – practical and written
- Fee \$55 - Re-exam – practical only
- Fee \$50 - Re-exam – written only

**If it has been more than 2 years since you last took either exam**, you must re-apply for both exams as a **First-Time Applicant**, even if you passed one of the exams in the past.

IT IS A CRIMINAL OFFENSE TO PRACTICE AS AN RDA WITHOUT FIRST RECEIVING A LICENSE.

**IMPORTANT NOTICE:** A correctly completed application, all required documents, and correct fees must be filed **TOGETHER** with COMDA by the published final filing date, or your application will be rejected, and you will not be scheduled for examination.

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**REFUND OF FEES: The \$20 application fee is non-refundable.** If you pay a fingerprint fee, that fee is also non-refundable.

If your application is rejected for any reason, only the exam fees will be refunded, which will occur about 6 weeks after the last exam.

You may only withdraw from the exam by sending a written request to COMDA at least 2 weeks prior to the first scheduled exam date. Only your exam fee will be refunded, not your application and fingerprint fees.

None of your fees will be refunded if you do not appear at your assigned examination. You must re-apply for a later exam and again pay the required exam fee(s).

A fee will be charged for all returned checks.

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**WHAT HAPPENS AFTER I APPLY?** If you are not qualified, your application will be returned to you, and your exam fees refunded.

If you are qualified, you will be sent a letter advising you of how to schedule your written exam (if you applied for that exam), and the steps you must take to be fingerprinted (if you are a First-Time Applicant.) You will also be provided more detailed information about the content of the exams at that time.

Later, you will be sent a letter scheduling you for the Practical Exam (if you applied for that exam).

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### **First-Time Applicant Checklist - Did you remember to:**

à Complete all sections of the Application, and sign and date the Application on page 3?

à Enclose a copy of your diploma, or have your school certify program completion on page 2, or

Enclose original signed certifications (page 2 of the Application) from licensed dentists of at least 18 months experience?

à Enclose your signed check or money order?

à Send the Application to COMDA with the required fee?

## **COMPLETING THE APPLICATIONS**

Many applications are rejected because they are completed incorrectly - read all of the materials sent to you and complete ALL parts of the Application fully, truthfully, and accurately.

**Top Section** - You must check one box to indicate the filing status of your Application.

### **1. First-Time Applicants**

If you have never applied before, or if you have not taken either of the exams during the last 2 years, you must apply as a First-Time Applicant, even if you previously passed one of the exams.

Check the box under the First-Time Applicant section.

### **2. Previously-Qualified Applicants**

If you have qualified for and taken one of the exams during the last two years, you must apply as a Previously-Qualified Applicant.

Check the appropriate box under the Previously-Qualified Applicant Only section for the exam or exams that you wish to take

**Sections 1 through 6** - You must provide all of the information requested. Be sure to clearly print or type.

**Section 7** - If you have not taken either of the exams during the last 2 years, you must apply as a First-Time Applicant; therefore, skip Section 7, but complete ALL other parts of the Application, including Section 1 through 6 and Sections 8 through 14.

If you qualify for re-examination because you have taken one of the exams during the last 2 years, fully complete Section 7, then answer Sections 11 through 14. You do not need to complete Sections 8 through 10 since you have already qualified for examination in the past.

**Section 8** - Check the box that indicates the method by which you are qualifying. Be sure to continue on to the following pages to complete the Application.

**Section 9** - If you qualify by graduation from a Board-approved dental assisting program, you must either provide a copy of your diploma/certificate, OR you must have Section 9 completed, signed, **and** sealed by the school dean or other authorized school officer.

If you have not graduated by the final filing date, but your school expects you to complete 15 working days or more before the first published practical examination date, the school may certify on the Application that you will complete by a specified date.

**However**, you must also make sure that the school also certifies, not less than 15 working days before the first published practical exam date, that you did in fact successfully complete.

If COMDA does not receive proof of actual completion and graduation by this date, you will **not** be allowed to take the exams and you will have to re-apply as a First-Time Applicant during a later exam cycle.

**Section 10** - If you are qualifying by work experience, certification that you have 18 months of experience as a dental assistant with a dentist licensed in the United States must be supplied by obtaining the signature of EACH employer. The entire 18 months must be obtained prior to the date of application.

The 18 months of experience, will be considered qualifying **only** if the experience was comprised of performing duties specified in California Dental Board Regulation Section 1085 (b) and/or (c) during a majority of the experience hours (see pages 3 and 4).

This page of the Application can be photocopied if you need additional copies. However, all certifications must contain original signatures and be submitted with your Application. Be sure that all parts of Section 10 are completed accurately by the employing dentist.

**Questions 11 through 13** - Each question must be truthfully answered and, when directed, a full explanation provided in the space on the back of the Application under Section 15. Details. Making a false statement is grounds to deny your license.

**Section 14** - You must carefully read, date, and sign the Application.

## **SPECIAL ACCOMMODATIONS**

If your religious beliefs preclude you from being examined on Saturday or Sunday, you must staple a note to the Application stating the day on which you cannot take the exam and the reason why.

If you have a disability and may require special accommodations, call COMDA to request the special forms necessary. Completed special accommodation forms **MUST** be submitted WITH your Application.

It is not possible to make special arrangements for certain applicants to be scheduled together.

## **GENERAL NATURE OF THE EXAMINATIONS**

**The written exam** is a 2-hour, multiple-choice exam. It is administered in a computerized test center at various sites in California. If you qualify and your Application is accepted, you will be sent information about how to register for the exam.

**The practical exam** requires that you acceptably perform designated procedures to minimum competence on a typodont. The exam is approximately 4 hours. You will be assigned to either a morning or afternoon session, on Saturday or Sunday, at a location in Northern or Southern California nearest to you.

**Once your Application has been accepted, you will be sent specific information concerning the content of the examinations. Be sure to read it carefully.**

### **Allowable DA and RDA Duties**

### **IT IS A CRIMINAL OFFENSE TO PRACTICE AS A REGISTERED DENTAL ASSISTANT WITHOUT FIRST RECEIVING A LICENSE.**

Therefore, be sure to become familiar with the duties that the various categories of auxiliaries are allowed to perform in California, as contained in the following laws and regulations.

**Section 1068. Posting of Dental Auxiliaries Duties.** All dentists utilizing the services of dental auxiliaries shall post a notice in a common area of the office which delineates duties and functions deemed by the board as delegable within stipulated settings and/or circumstances. Such notice shall be readily accessible to all individuals under supervision of the dentist.

**Section 1067. Definitions.** As used in this subchapter:

(a) "Dental auxiliary" means a person who may perform dental supportive procedures authorized by the provisions of these regulations under the specified supervision of a licensed dentist.

(b) "Dental assistant" means an unlicensed person who may perform basic supportive dental procedures specified by these regulations under the supervision of a licensed dentist.

(c) "Registered dental assistant" or "RDA" means a licensed person who may perform all procedures authorized by the provisions of these regulations and in addition may perform all functions which may be performed by a dental assistant under the designated supervision of a licensed dentist.

(d) "Registered dental hygienist" or "RDH" means a licensed person who may perform all procedures authorized by the provisions of these regulations and in addition may perform all functions which may be performed by a dental assistant and registered dental assistant, under the designated supervision of a licensed dentist.

(e) "Registered dental assistant in extended functions" or "RDAEF" means a person licensed as a registered dental assistant who has completed post-licensure clinical and didactic training approved by the board and satisfactorily performed on an examination designated by the board for registered dental assistant in extended function applicants.

(f) "Registered dental hygienist in extended functions" or "RDHEF" means a person licensed as a registered dental

hygienist who has completed post-licensure clinical and didactic training approved by the board and satisfactorily performed on an examination designated by the board for registered dental hygienist in extended function applicants.

(g) "Oral prophylaxis" means the preventive dental procedures including complete removal of explorer-detectable calculus, soft deposits, plaque, stains, and the smoothing of unattached tooth surfaces. The objective of this treatment shall be creation of an environment in which hard and soft tissues can be maintained in good health by the patient.

(h) "Coronal polishing" means a procedure limited to the removal of plaque and stain from exposed tooth surfaces, utilizing an appropriate rotary instrument with rubber cap or brush and a polishing agent.

(i) "Direct supervision" means supervision of dental procedures based on instructions given by a licensed dentist who must be physically present in the treatment facility during performance of those procedures.

(j) "General supervision" means supervision of dental procedures based on instructions given by a licensed dentist, but not requiring the physical presence of the supervising dentist during the performance of those procedures.

### **Section 1085. Dental Assistant Duties and Settings.**

(a) Unless specifically so provided by regulation, a dental assistant may not perform the following functions or any other activity which represents the practice of dentistry or requires the knowledge, skill and training of a licensed dentist:

1. Diagnosis and treatment planning.
2. Surgical or cutting procedures on hard or soft tissue.
3. Fitting and adjusting of correctional and prosthodontic appliances.
4. Prescription of medicines.
5. Placement, condensation, carving or removal of permanent restorations, including final cementation procedures.
6. Irrigation and medication of canals, try-in cones, reaming, filing or filling of root canals.
7. Taking of impressions for prosthodontic appliances, bridges or any other structures which may be worn in the mouth.
8. Administration of injectable and/or general anesthesia.
9. Oral prophylaxis procedures.

(b) A dental assistant may perform such basic supportive dental procedures as the following under the general supervision of a licensed dentist:

1. Extra-oral duties or functions specified by the supervising dentist.
2. Operating dental radiographic equipment for the purpose of oral radiography if the dental assistant has complied with the requirements of Section 1656 of the Business and Professions Code.
3. Examine orthodontic appliances.

(c) A dental assistant may perform such basic supportive dental procedures as the following under the direct supervision of a licensed dentist when done so pursuant to the order, control and full professional responsibility of the supervising dentist. Such procedures shall be checked and approved by the supervising dentist prior to dismissal of the patient from the office of said dentist.

1. Take impressions for diagnostic and opposing models,

bleaching trays, temporary crowns and bridges, and sports guards;

2. Apply non-aerosol and non-caustic topical agents;
3. Remove post-extraction and periodontal dressings;
4. Place elastic orthodontic separators;
5. Remove orthodontic separators;
6. Assist in the administration of nitrous oxide, when used as an analgesia or sedation, but shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the dentist who shall be present at the patient's chairside at the implementation of these instructions. This regulation shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency;
7. Hold anterior matrices;
8. Remove sutures;
9. Take intra-oral measurements for orthodontic procedures;
10. Seat adjusted retainers or headgears, including appropriate instructions;
11. Check for loose bands;
12. Remove arch wires;
13. Remove ligature ties;
14. Apply topical fluoride, after scaling and polishing by the supervising dentist or a registered dental hygienist;
15. Place and remove rubber dams;
16. Place, wedge and remove matrices.
17. Cure restorative or orthodontic materials in operative site with light-curing device.

#### **Section 1086. RDA Duties and Settings.**

(a) Unless specifically so provided by regulation, the prohibitions contained in Section 1085 of these regulations apply to registered dental assistants.

(b) A registered dental assistant may perform all functions which may be performed by a dental assistant.

(c) Under general supervision, a registered dental assistant may perform the following duties:

1. Mouth-mirror inspection of the oral cavity, to include charting of obvious lesions, existing restorations and missing

teeth;

2. Placement and removal of temporary sedative dressings.

(d) A registered dental assistant may perform the following procedures under the direct supervision of a licensed dentist when done so pursuant to the order, control and full professional responsibility of the supervising dentist. Such procedures shall be checked and approved by the supervising dentist prior to dismissal of the patient from the office of said dentist.

1. Obtain endodontic cultures;
2. Dry canals, previously opened by the supervising dentist, with absorbent points;
3. Test pulp vitality;
4. Place bases and liners on sound dentin;
5. Remove excess cement from supragingival surfaces of teeth with a hand instrument or floss;
6. Size stainless steel crowns, temporary crowns and bands;
7. Fabrication of temporary crowns intra-orally;
8. Temporary cementation and removal of temporary crowns and removal of orthodontic bands;
9. Placement of orthodontic separators;
10. Placement and ligation of arch wires;
11. Placement of post-extraction and periodontal dressings;
12. Apply bleaching agents;
13. Activate bleaching agents with non-laser light-curing device.
14. Take bite registrations for diagnostic models for case study

only.

15. Coronal Polishing (Evidence of satisfactory completion of a board-approved course of instruction in this function must be submitted to the Board prior to any performance thereof.) This procedure shall not be intended or interpreted as a complete oral prophylaxis (a procedure which can be performed only by a licensed dentist or registered dental hygienist). A licensed dentist or registered dental hygienist shall determine that the teeth to be polished are free of calculus or other extraneous material prior to coronal polishing.

16. Removal of excess cement from coronal surfaces of teeth under orthodontic treatment by means of an ultrasonic scaler. (Evidence of satisfactory completion of a board-approved course of instruction in an approved RDA program in this function must be submitted to the Board prior to any performance thereof.)

**IMPORTANT NOTE: Passing the RDA examinations does not allow you to perform coronal polishing or use an ultrasonic scaler.**

**You must FIRST satisfactorily complete a course approved by the Dental Board of California in these functions, and provide certification of having done so to COMDA.**

**Performance of either procedure without proper certification is a violation of the California Dental Practice Act.**